

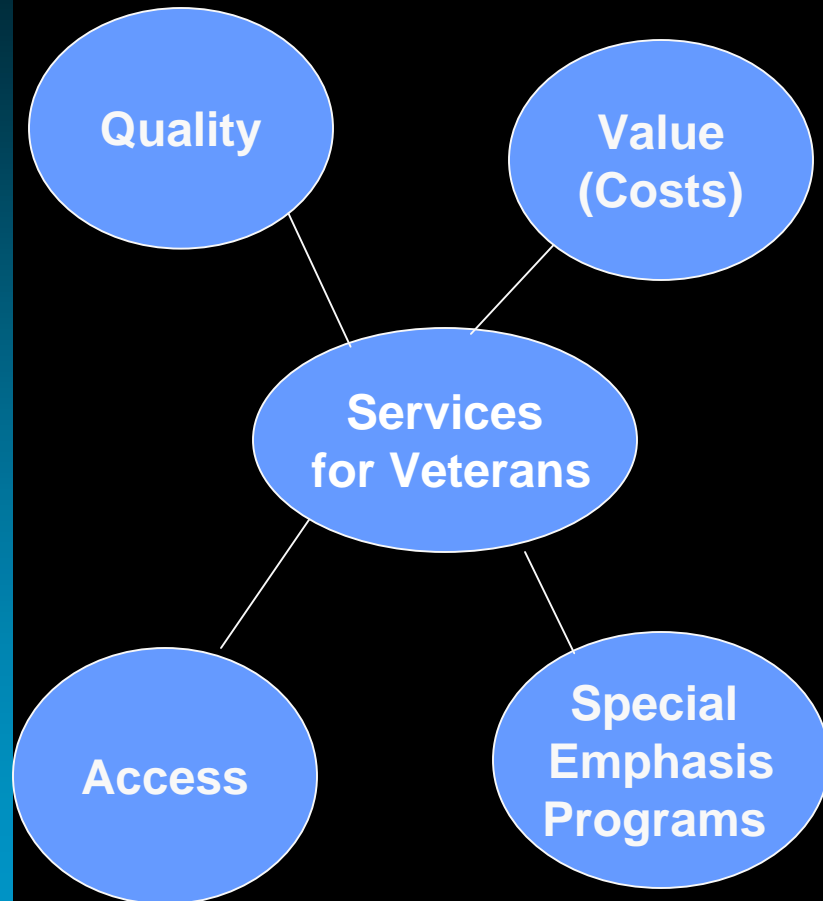
National Performance Measurement within the VA

Uniformed Services Nutrition Symposium
October 2003

Objectives

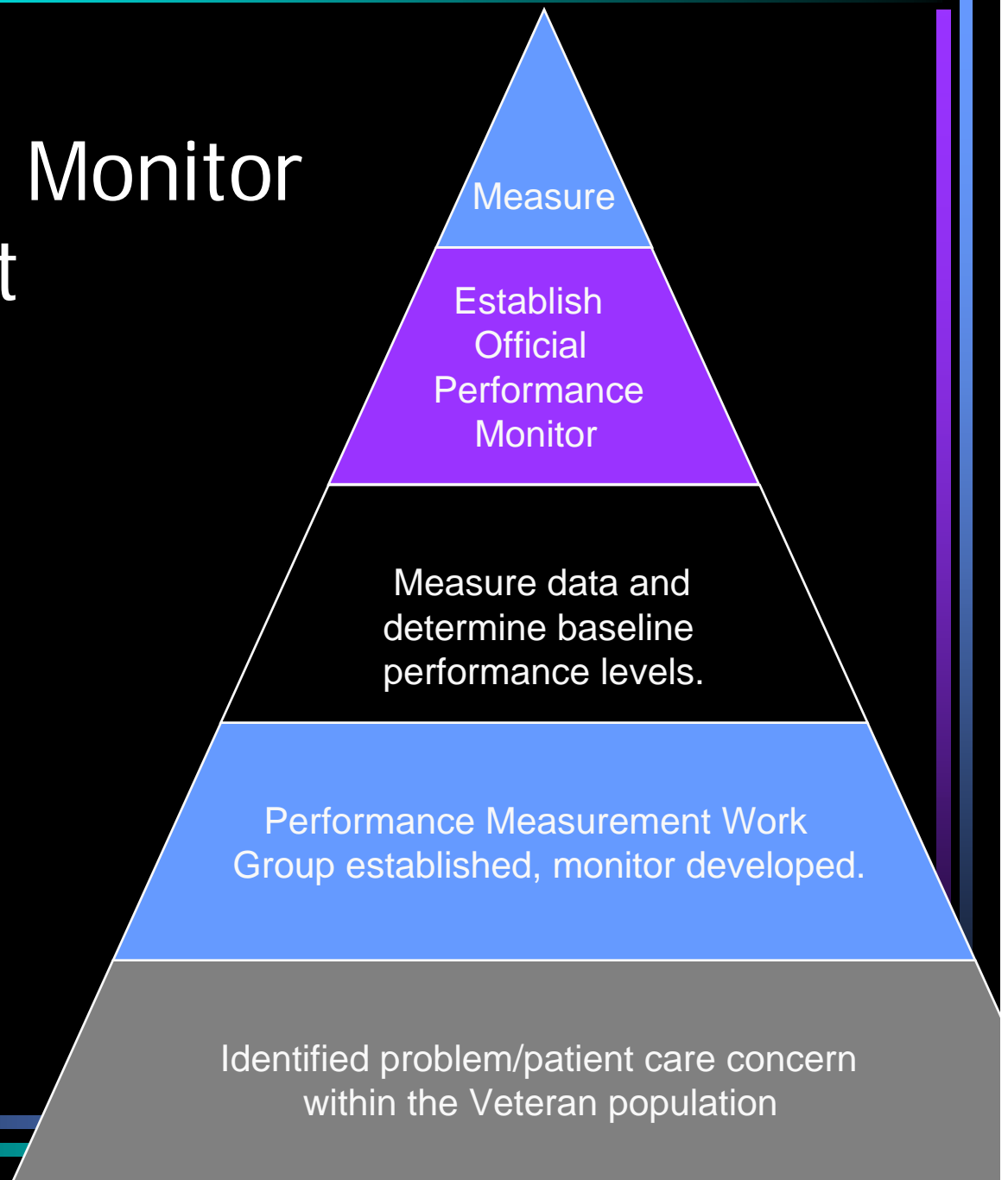
- Identify national strategies used by the VA to measure performance and improve quality.
- Identify the key aspects of the VA national Nutrition Performance Measure.

VA National Performance Measurement



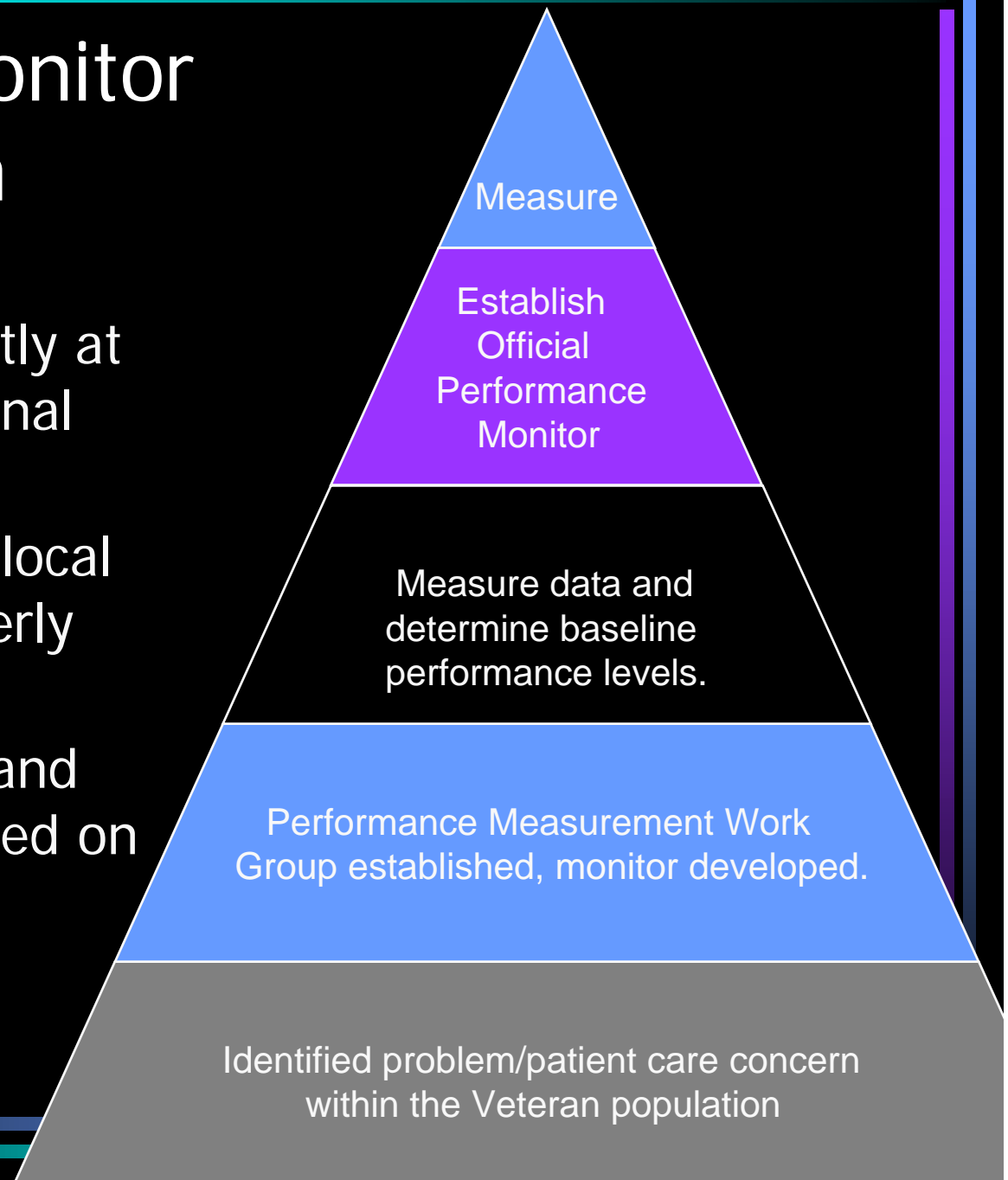
- Nationally developed & tested monitors
- Dynamic performance contracts between Network Directors and the VA Under Secretary for Health
- Contract with network Director translated into performance monitors at local facility levels
- Outcomes to monitors tied to facility funding and Network Director's performance evaluation

Performance Monitor Development Process



Performance Monitor Implementation


- Measured consistently at all VA sites by external reviewers
- Results reported to local facilities on a quarterly basis
- Results are shared and facilities ranked based on their performance



Tracking Performance Measures Utilizing the VA Computerized Patient Record System (CPRS)

Vista CPRS in use by:

File Edit View Tools Help

MISTAKE,NOBODY (TEST) **NTDMFG Oct 02,01 13:00** Primary Care Team Una Remote  Postings
 000-00-9898 Jul 04,1898 (103) Provider: ARNOLD,KAREN V Current Inpatient Attend Data **WAD**

Active Problems	Allergies / Adverse Reactions	Postings
Chronic Renal Insufficiency	Iodine	Allergies
Cognitive Impairment	Povidone Iodine	Clinical Warning Dec 02,94
\$ Dental Examination	Contrast Dye	Advance Directive--Treatment Preferences
\$ Dysphagia	Aspirin	Dnr/Dnar Rescinded Sep 19,01
Erectile Dysfunction *	Codeine	Dnr/Dnar Mar 20,01
Neurogenic bladder	Codeine, Iodine, Aspirin, Iv Contra	Advance Directive--Education/Discussion
Hypercholesterolemia *	Iodine, Iv Contrast, Codeine, Aspir	Advance Directive Advisory--Geriatrics/Ext
Diabetic Maculopathy	Aspirin, Codeine, Iv Contrast, Iodine	

Active Medications	Clinical Reminders	Due Date
Oxycodone Tab,Sa	Influenza Immunization	Nov 01,01
Oxycodone Tab	Diabetic Eye Exam	DUE NOW
Nicotine Patch	Health Counseling Note Reminder	DUE NOW
Acetaminophen Tab	Inpt. Plan of Care Reminder	DUE NOW
Bisacodyl Supp,Rtl	MST Clinical Reminder	DUE NOW
...		

Recent Lab Results	Vitals	Appointments/Visits/Admissions
Ssp Glucose Blood (capillary) Serum W/c Lb #414	T 98.3 F	Oct 16,01 09:30 Renal-New Inpat
Ssp Glucose Blood (capillary) Serum W/c Lb #414	P 68	Oct 15,01 15:30 Ortho-Mac-Avoy Inpat
Ssp Glucose Blood (capillary) Serum W/c Lb #413	R 20	Oct 12,01 15:00 Anesthesia-Pain Consult Inpat
Ssp Glucose Blood (capillary) Serum W/c Lb #413	BP 146/82	Oct 02,01 16:15 Eye-B Clinic (follow-Up) Inpat
Ssp Glucose Blood (capillary) Serum W/c Lb #413	HT Refused in	Sep 24,01 16:30 Ortho-Halermesen F/U Inpat

Cover Sheet Problems Meds Orders Notes Consults D/C Summ Labs Reports

Examples of National Performance Measures

Domain : Quality

- Diabetes Mellitus
 - Eye exam at appropriate interval
 - HgbA1c < 9
 - LDL-C < 120 mg/dL
- Hepatitis C
 - Screened for risk factors
 - Tested or diagnosed if risk factors

Diabetes: National Outcome Trends

Diabetes Indicators	VA Base	VA 01	VA 02	Medicaid/ Medicare (00-01)	Best Reported
HgbA1c Measured	59%	93%	94%	68%/82%	86%
LDL < 130	NA	68%	70%	NA	50%
Eye Exam	44%	66%	72%	43%/63%	69%

Outcomes From National Measures

- Consistent, uniform and predictable patient care services (application of clinical guidelines) across the nation
- Improvements in patient care quality
- Supports national priorities at the local facility level

VA Nutrition Performance Measure (NPM) was established to address concern over the risk of hospital malnutrition.

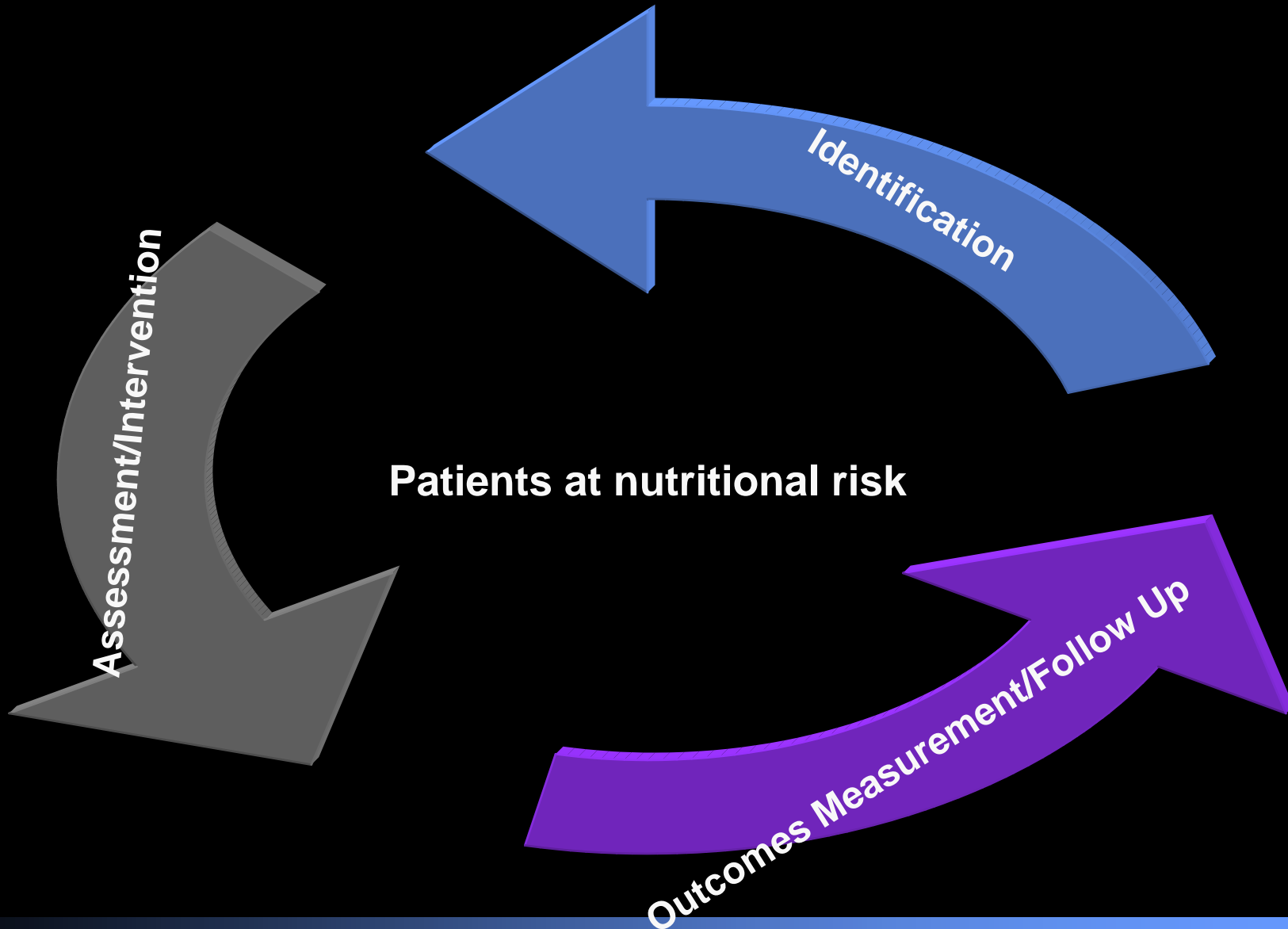
VA Evidence

- 1994 OIG Report
- 1998 Geriatric Rehab Unit Study
- 1999 21% of hospitalized elderly patients consume <50% of calculated energy needs

National Evidence

- 1974 Skeletons in the Closet
- 1992 Study reported incidence of malnutrition at 60% in elderly medical patients

Nutrition Care Process



NPM: Indicator I - Percent of inpatients at nutritional risk that are assessed for nutrition intervention



- Nutrition triggers
 - BMI < 21
 - Albumin < 3.2 g/dl
 - NPO/Clear Liq \geq 3 days
 - On enteral/parenteral Nutrition

NPM: Indicator I - Percent of inpatients at nutritional risk that are assessed for nutrition intervention

- Includes Acute Care admissions with LOS > 48 hours
- Assessment must be documented in the medical record within 2 calendar days of the trigger (prior or after)
- Assessment is by an RD or a Diet Tech with RD concurrence
- Nutrition Intervention includes a plan to address nutrition trigger(s) and addresses outpatient follow up needs

NPM: Indicator II - Percent of inpatients discharged at nutritional risk and followed up within 60 days post discharge

- Includes all inpatients discharged with one or more nutrition trigger with documented need for outpatient nutrition follow up
 - BMI < 21
 - Albumin < 3.2 g/dl
 - NPO/Clear Liq \geq 3 days
 - On enteral/parenteral Nutrition

NPM: Indicator II - Percent of inpatients discharged at nutritional risk and followed up within 60 days post discharge



- Outpatient nutrition encounter (telephone FU ok) will be documented in the medical record within 60 days post discharge
OR
- Nutrition status is addressed in an outpatient progress note by another provider (MD, PA, NP)
- Excludes patients discharged to institutional settings

NPM Monitoring: CPRS Tickler File



A computer program was developed using electronic admission, labs and vitals data to alert ward clinical nutrition staff whenever a inpatient had one or more nutrition triggers.

How the Tickler File Works:

- Electronic nutrition triggers are available through the VA CPRS "Tickler File"
- Each patient admission is reviewed for the nutrition triggers (BMI, Alb etc.)
- Clinicians view their Tickler File patient list based by ward assignments
- The Tickler File entry includes date, name, last 4 digits of SSN and the nutrition trigger
- The patient's data remains in the Tickler File until the clinician clears the entry
- When clearing the Tickler File, the clinician notes the action taken for the nutrition trigger

Current Status of VA NPM

- The NPM is in the testing/development stage and is considered a “nutrition supporting indicator”
- Data is being collected to identify the effectiveness of the “triggers” and to obtain a valid baseline prior to implementation as a national performance measure

Incidence of NPM Triggers Among VA Inpatients

Percentage of
Admissions with
NPM Trigger:

21 - 41%

Percentage of
Discharges with
NPM Trigger:

20 - 39%

Some Lessons Learned To Date...

- Clinicians need to consider and plan for discharge needs with ALL inpatients at nutrition risk at the time of their initial assessment
- Requires team work between inpatient and outpatient nutrition staff
- Consistent documentation is essential (value of nutrition note templates)
- Importance of national education within the VA to improve awareness/focus on timely nutrition assessments and follow up at all VA facilities

What we know...

the steps reviewed by the NPM, define *Good Patient Care* !

- Patients at nutrition risk are identified
- Nutrition assessments are completed
- Nutrition intervention is documented
- There is adequate follow up care during admission and post discharge as needed



Questions ?